

AUDITOR / CONTROLLER'S USE

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CODE)
BUDGET TRANSFER REQUEST # 1

TO BE COMPLETED BY THE DEPARTMENT

DOCUMENT TOTAL	258,404.00
NUMBER OF LINES	19
TRANSACTION CODE TOTAL *	136

TRANSFER #
 DATE
 CODE BY

Public Health
 DEPARTMENT OR AGENCY NAME

DATE: 5/19/08
 DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER: [Signature] 6191
 PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW, WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.
 REMOVE THE GOLD COPY AND SUBMIT COMPLETED REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.
 A BUDGET TRANSFER REQUEST MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY SIX LINES, AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE *
 * 002 = INCREASE ESTIMATED REVENUE
 * 003 = DECREASE ESTIMATED REVENUE
 * 011 = INCREASE IN APPROPRIATION / BOS APPROVED
 * 012 = DECREASE IN APPROPRIATION / BOS APPROVED

LINE NO.	TRANS CODE	INDEX CODE	SUB OBJECT NUMBER	USER CODE	AMOUNT	DESCRIPTION
1						
2	*					See Attached
3						Request to modify ADD Programs
4						with regard to revised State DNA
5						agreement for FY07/08
6						
7						
8						
9						
10						
11						
12						
13						

REVIEWED FOR FORMAT BY: JOE HARN, C.P.A. AUDITOR / CONTROLLER DATE: _____
 APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

CHIEF ADMINISTRATIVE OFFICE - ANALYST DATE: _____
 SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS DATE: _____

CHIEF ADMINISTRATIVE OFFICE DATE: _____
 ATTEST: CLERK, BOARD OF SUPERVISORS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT